



## Testing Laboratories, Inc.

940 South Harney St., Seattle, WA 98108 (206) 767-5060 FAX (206) 767-5063

Chemistry, Microbiology, and Technical Services

CLIENT: Holland America Line, Inc  
Environmental Compliance Prog  
300 Elliott Avenue West  
Seattle, WA 98119  
ATTN : Dan Grabb

### Certificate of Analysis

Work Order# : 04-05-362  
DATE RECEIVED : 05/22/04  
DATE OF REPORT: 05/28/04

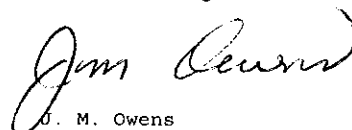
Work ID : pH,BOD,TSS,Res Cl,Fecal Coli  
Taken By : Anh Ho  
Transported by: Anh Ho  
Type : Water

#### SAMPLE IDENTIFICATION:

	<u>Sample</u> <u>Description</u>	<u>Collection</u> <u>Date</u>		<u>Sample</u> <u>Description</u>	<u>Collection</u> <u>Date</u>
01	Gray Water	05/22/04 13:15	02	Black Water	05/22/04 13:20

Unless otherwise instructed all samples will be discarded on 07/12/04  
with the exception of samples which are consumed during the  
analysis, such as microbiological samples.

Respectfully submitted,  
Laucks Testing Laboratories, Inc.

  
J. M. Owens



# Laucks <sup>Since</sup> 1908

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#### TESTS PERFORMED AND RESULTS:

Analyte	Units	<u>01</u>	<u>02</u>
Biochemical Oxygen Demand	mg/L	29.	11.
Chlorine, Total Residual	mg/L	0.1 U	0.1 U
Coliforms, fecal	MPN/100 ml	< 2	< 2
Total Suspended Solids	mg/L	2. U	2. U
pH	gl elec @25C	7.0	7.3



38262

PAGE OF

# Laucks

 COMPANY: Holland America  
 ADDRESS: 300 Elliott Ave. W  
Seattle, WA 98119
ATTENTION: Dan GrabbPROJECT NAME: monthly analysisPROJECT CONTACT: Dan GrabbTELEPHONE: 206-301-5316 FAX: \_\_\_\_\_

JOB/P.O. NO.: \_\_\_\_\_

WORK ORDER ID #

04-05-368

SUBMITTED AT:

☐ 940 South Harbor St., Seattle, WA 98108  
☐ 1106 Ledwith Ave., Yakima, WA 98902

 (206) 767-5060 FAX 767-5063  
 (509) 248-4695 FAX 452-1265

## TESTS TO PERFORM

 MATRIX: WATER, SOIL OR SPECIFY  
 NO. OF CONTAINERS  
 PH  
 BOD  
 TSS  
 R. Chlorine Res.  
 Fecal Coliform

OBSERVATIONS, COMMENTS, SPECIAL INSTRUCTIONS

LAB SAE SAMPLE ID / LOCATION

DATE TIME

1 Gray water

5/22 13:15

2 Black water

5/26 13:15

Combined

5/26 13:15

FINAL REPORT COPY

Dan Maltman

 5/26/04  
 1450

 CUSTODY SEAL ☐ Y ☐ N ☐ N/A

Finance Charges and/or Collection Fees may be applied to delinquent accounts.

A. A standard turnaround time is assumed unless otherwise marked.

## INSTRUCTIONS

1. USE ONE LINE PER SAMPLE
2. BE SPECIFIC IN TEST REQUESTS
3. CHECK OFF TESTS TO BE PERFORMED FOR EACH SAMPLE

NAME

ATTN:

RELINQUISHED BY (SIGN AND PRINT)

ADDRESS

CITY, STATE, ZIP

DATE TIME

RECEIVED BY (SIGN AND PRINT)

DATE TIME

B. The laboratory may not be responsible for missed holding time for samples received with less than 50% of the analytical hold time remaining. Please contact the laboratory for further information.

BILLING INFORMATION, IF DIFFERENT THAN ABOVE

 \* RUSH TURNAROUND IS  
 SUBJECT TO PRIOR  
 LABORATORY APPROVAL

TOTAL NO. OF CONTAINERS

TURNAROUND REQUEST

STD. 10-14 WORKING DAYS

☒ 24-48 HRS. (100% SUR)

☐ 72 HRS. (75% SUR)

☐ 5 DAYS (60% SUR)

☐ OTHER:

☐ TEMP: